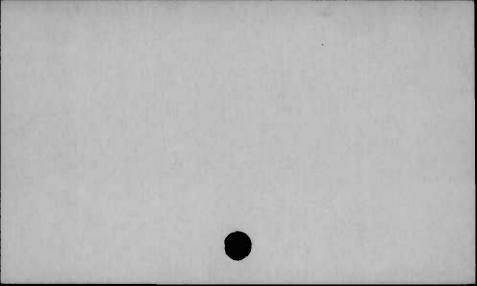
Name in Full Certificate of Death Died at M. Occupation Month Date 1890 Number of children living Husband Wife Mother's Father's Name Name Cause of Death Immediate Accident, Suicon, Homicide Reported by Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, SECER

Name in Full Certificate of Death Warren Ralph Evans.

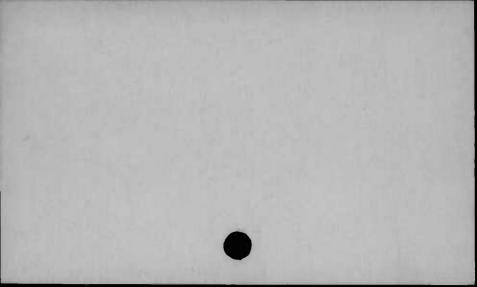
Town

Died at Salisbury - Wicomico

Month Day Y. M. D. Na Date 189 Saury. Wie Married Widow Colored Sirle Widower Number of children living Husband Wife Name Nathan W. Evans Name Bell Jane Evans Father's Cause of Primary Pulmonang Puberculosis. Byrs. Death Immediate Exhaustion Accident, Suicide, Homicide Reported by Edwin M. Hasbrouch. Address Salisbury md Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full Certificate of Death Died at Occupation Date 1896 White Widow Female Colored Single Widowa Number of children twee Husband Wife Father's Mother's Name . How long sick Cause of **Immediate** Accident, Suicide, Homicide Reported by Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU. 65968



Name in Full Certificate of Death Died at Occupation Date 189 8 Male White Marriad Widow Female Colored Single Widower Number of children trying Husband Wife Father's Reported by Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. BUREAU, BEGGS

